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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 10/092,144 03/06/2002 PAT 6,696,495
 which is a CIP of 09/836,156 04/17/2001 ABN
 which is a CIP of 09/204,124 12/02/1998 PAT 6,323,242

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 13
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TITLE
 Treatment of disorders secondary to organic impairments

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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